VS A15 (4) 15M 9/55

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MARYLAND 7849		ENT OF HEALTH—BALTIMORE, 18 ATE OF DEATH Reg. D	117818 Nist. No.
i1	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution Reside o. STATE b. COUNTY Cecil	nce befare admission)
side corporate limits, write t town)	c. LENGTH OF STAY IN 16 Lifetime	c. CITY OR TOWN (If outside corporate limits, write RURAL and Bay View NORTH EAS	give nearest town)
f not in hospital, give street		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
First	Middle	Lost 4 DATE Month	D Y

o. COUNTY	Pogi1		MARYLA	- 11	USUAL RESIDENCE (W		b. COUNTY		ce befare o	admission)
	Cecil	**			Marylan			Cecil_		
RURAL ond give n	If outside corporate limit earest town)	s, write	c. LENGTH OF STAY IN	115	c. CITY OR TOWN (IF	outside corpo	rote limits, write I	RURAL ond	give neares	t town)
Rav	View		Lifetime	X	Bay View	No	BTH F	= A 5	T	RUTAL
	TAL (If not in hospitol, gi	ive street	oddress)		d. STREET ADDRESS					S RESIDENCE ON A FARM? ES NO X
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(Type or print)	Ernes	st	В		Abrams	DEATH	July	17		19 59
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o. USUAL OCCUPATI	ON (Give kind of work d king life, even if retired)	lone 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	or foreign co	ountry)	t2. CIT	IZEN OF	WHAT COUNTRY
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3. FATHER'S NAME	, ,	-	9	14	. MOTHER'S MAIDEN					
	liam# Abrams	s				tha Ja	nney			
	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	RMANT		Ado	fress		
Yes, no, or unknown)	(It yes, give wor or dates of se	rvice)	213-12-2741	Mi	ss Audrey	M Abrai	ms. Bay	View.	Ma r	vland
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Division 8		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7833MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07819 4 shauld be Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY b. COUNTY Cecil MARYLAND Maryland Cecil. burial, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and nive peacest town Elkton Elkton 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE registrar priar ON A FARM? Union Hospital for your files. YES NO DY NAME OF First Middle 4. DATE Lost Month Day Year BRENNAN July 22, (Type or print) DAVID JOSEPH DEATH 1959 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. with the and 3 to the Months Doys retained Hours Male White WIDOWED [DIVORCED T VIS. 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY during most of warking life, even if retired) 12. CITIZEN OF WHAT COUNTRY? GENERAL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address ELA JOSEPH N. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY: Drowning IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 00 PERFORMED? YES X NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Found drowned 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) Medical Page 3 sh factory, street, affice bldg., etc.) While Nat while at work 2 July 22,1959 Creek Elkton Cecil Maryland writing 21. I certify that I took charge of the remains described above, held on Autopsy [X], Inspection Inquiry [and find that icate, + Chief deoth resulted from: Notural couses . Accident X. Suicide . Homicide Undetermined couse prworded to the Chi DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR M.D. 7/23/59 ASSISTANT MEDICAL EXAMINER **EXAMINER'S** William V. Lovitt, Jr., M.D. DEPUTY MEDICAL EXAMINER NAME (Type) RUPLAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 01 EMETER 14 **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REQ'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. ATSME(S) arthur S. France 5M 9/55

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death. Poge 4

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	78	51	CERT	IFICA	TE OF DEAT	Н		Reg. Di	st. No.	96	0101
1. PLACE OF DEATH d. COUNTY	Cecil		MAI	RYLAND	2. USUAL RESIDENCE (Wo. STATE Distri		d lived. If institu		ice befor	e admiss	sion)
b. CITY OR TOWN (III	f outside corporate lim	its, write c	LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If				give nea	rest town	n)
	Point	n	mo. 6	lays	Washin	gton	1	17x -:	3		
d. NAME OF HOSPIT OR INSTITUTION	AL (If nat in haspital, s	give street ad	dress)		d. STREET ADDRESS					e. IS RES	SIDENCE A FARM?
Veterans A	dministra	tion H	ospital		935 -	48th P	lace, N.	E.			NO.
3. NAME OF DECEASED (Type or print)	Fi	AMUEL	Midd	lle	BROWN	4. DATE OF DEATH	M	onth	Doy 31		Year 1959
5. SEX	6. COLOR OR RACE			PIED [8	. DATE OF BIRTH		9. AGE (In year	IF UNDER			
Male	Negro	WIDOWED			5-28-93		lost birthday)	Months	Days	Haurs	Min.
On USUAL OCCUPATION	ON (Give kind of work	done 10b. KII	ND OF BUSINESS	OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign c	ountry)	12. CITI	ZEN OF	WHAT	COUNTRY
Opera	ting life, even if retired	E	levator		Virgini	8.		П	SA		
13. FATHER'S NAME					14. MOTHER'S MAIDEN	-			024		
	James H.	Brown	- Dece	hawe	Mary (?)	Brown	1				
15. WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16. SO			FORMANT	22011		Idress			
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200. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY	OCCURRED	. (Enter noture of injury in	Port I or Por	t II of item 1B.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Ye	While	Not while of wark		CE OF INJURY (Home, for ory, street, office bldg., et		y or town)	(0	County)		(Stote
21. I certify th	object attended the	deceased	from Jun	e 25	, 1959 , toJu	lv 31	1950	arist seaser (CONTRACTOR	Wilkar W	tacaewa
					accurred al2:29						
anve on	2011		Green and mic	ar deoiir	accorded dark act		treet, city ar tow		e doie		TE SIGNE
ACTUAL SIGNATURE	Mou	rec	7	N	V.A.Hosp				Md.		
PHYSICIAN'S NAME (Type)	J. L.	CAREY			Clinica	l Patl	nologis	<u> </u>			
220. BURIAL, CREMATIO	N, 22b. DATE THEREC	OF S	22c. NAME OF CE	METERY OR			TION (City, town			(Stot	te)
REMOVAL (Specify)	8/6/	1959	Arlin	gton	National	Ar	lington	, Virg	gini	a	
23. FUNERAL DIRECTOR	S SIGNATURE	//_	ADDRESS			D BY REGIS	TRAR 24b. REG	SISTRAR'S SIG			
Pennin	gton	n//1	/ W.	WTO (DATE M	AUG 7	23	arthur	A. 70	race	

VS A15 (4) 15M 9/5B

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CERTIFICATE OF DEATH

Reg. Dist. No.

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Dist	No		96	5	

o. COUNTY	Cecil		MARYLAND	2. USUAL RESIDENCE (l lived. If instituti b. COUNTY	on: Residenc	e before ad	lmission)
b. CITY OR TOW	N (If outside corporate lin	nits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	If outside corpor	ote limits, write R	URAL ond gi	ive nearest	town)
	e nearest town) ry Point	2	vrs.4mo.28da	Ta Ron	te #2	Willoug	hhy 7	72 V	3
d. NAME OF HO	SPITAL (If not in hospital.			d. STREET ADDRESS	41	Walloup	1103	e. IS	RESIDENCE
OR INSTITUTION	Administra	tion	Hognitel						N A FARM?
3. NAME OF		irst	Middle	Last	4. DATE	Mon	46	Doy	Yeor
(Type or print)	ALI		K.	BUHLER	OF		lv	10	
S. SEX			ED NEVER MARRIED	8. DATE OF BIRTH	-9311-	9. AGE (In years			19 59 NDER 24 HRS.
Male	White	WIDOWEL		12-20-02		lost birthdoy) 56 yrs.	-	Days Ho	-
10a. USUAL OCCUPA	ATION (Give kind of work	done 10b. K	IND OF BUSINESS OR INDI	JSTRY 11. 8IRTHPLACE (Sto	ote or foreign co	ountry)	12. CITIZ	EN OF WH	AT COUNTRY?
	working life, even if retire	d)	unknown	Ohio				USA	
13. FATHER'S NAME	0161		unanown	14. MOTHER'S MAIDEN				UDA	
	Torrito	Data 1 -	D	A America To		D	3		
IS WAS DECEASED	Lewis EVER IN U. S. ARMED FO			INFORMANT	Bretow	- Deces			
(Yes, no, or unknown)	(If yes, give war or dates of	service)							
Yes	WW II	No	t abtainable	Hospital	Record	s, VAH, F	erry	Point	, Md.
18. CAUSE OF	DEATH [Enter only one of	ouse per line	e for (o), (b), and (c).]						L BETWEEN
PART I. I	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (nchopneumon:	la, bilatera	al, unr	esolved			4 day
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	fony, which)		conic valvula	ar heart die	20200 0	f 1222 1 1 2	1 7/9		
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couse (o), stati		o altr	THOMH GCTOTO	3.0				ankı	TOWIL
		(c)	CALTRIBUTING TO DEATH BU	T NOT BELATED TO THE TER	DANIAL DASSAGE	CONDITIONS	CALINA BART	1/ 1/20 14/	VAC ALITORCY
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20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING AND CAUSE OF DEATH	1	RIBE HOW INJURY OCCURR	ED. (Enter noture of injury	in Port I or Port	II of item 18.)			
Hour o.	10	While	Not while for	LACE OF INJURY (Home, footory, street, office bldg.,		or town)	(Co	ounty)	(Stote)
		ot work		30 50 7			_		
21. I certify	that Kattended the	e decease	d from February	12, 1957, ta J	uly 10	, 159_,	EKKEM	K K K K K	
MIXXXXXX	XXXXXXXXXX	XXXXX	XXX, and that deat	accurred at6 : 35	&M, from	the causes an	d an the	date sta	ited abave.
			27			reet, city or town,			DATE SIGNED
ACTUAL	E151	-	100	M.D. V.A. Hosp	ital P	erry Poi	nt. M	d. 7.	10-59
SIGNATURE									
PHYSICIAN'S NAME (Type)	E.S. EILS	, M.D.	, ACTING DIRE	CTOR, PROFES	SIONAL	SERVI CES	•		
	TION, 226. DATE THERE	OF .	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCAT	ION (City, town,	or county)		(Stote)
REMOVAL Spec	2 7/13/	5-9	South K:	irtland	Wil	loughby	Ohic		
23. FUNERAL DIRECT			ADDRESS	24a. RE	C'D BY REGIST	RAR 24b. REGI	STRAR'S SIG		
Penning	ston & Son	Ha	vre de Grace	Md. DATE	JUL 1 4 '5	9 Ca	thun S. ?	traces	
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c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) e. IS RESIDENCE ON A FARM? YES NO DE Month Day Year 27 59 10 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address Md. R.D. /4 Elkton. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO (County) (Stote) .. 19 57, that I last saw the deceased and that death occurred at ALLAM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) 22d, LOCATION (City, town, or county) (Stote) Md . 24b. REGISTRAR'S SIGNATURE Elkton, Md. Cirthung S. Thous DATE 4111 2 8 159

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Rea. Dist. No

	CERTIFICA		
	Today policy march		
THE RESERVE AND ADDRESS OF THE PARTY OF THE	The same		
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Cecil	
outside corporate limits, write earest town) Point	c. LENG
TAL (If not in hospital, give street	address)

TE DEPARTMENT OF HEALTH—BALTIMORE, 18
PilmG245 7-29-59 et
CERTIFICATE OF DEATH

07827 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Cecil		MARYLA		USUAL RESIDENCE (W) o. STATE Distri	et of C			ce befor	e admiss	ion)
b. CITY OR TOWN (I	f outside corporale lim	its, write	c. LENGTH OF STAY IN	v 16	c. CITY OR TOWN (If			_	give nea	rest lowr	1)
RURAL and give no Perr	y Point		8 days		Washin	gton		47x	. 3		
d. NAME OF HOSPIT	'AL (If not in hospital, s	ive street	address)		d. STREET ADDRESS					. IS RES	
Veterans A	dministra	tion	Hospital		2313 - 364	Street	. S.E.				FARM?
3. NAME OF DECEASED	Fi	rst	; Middle		Lost	4. DATE OF	Mon	th	Day	,	Year
(Type ar print)	CT.	YDE	M.		FRYER	DEATH	Ju.	ly	16		1959
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. C	ATE OF BIRTH	9.	AGE (In years last birthday)	IF UNDER	-		
Male	White	WIDOW	DIVORCED		5-6-96 18	192 6	7 63 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUSTRY		or foreign coun	try)	12. CITI	ZENOF	WHATC	OUNTRY
Book B	king life, even if retired		S. Governme	nt	Pennsy	lvania		п	SA		
13. FATHER'S NAME	221402		314010222		4. MOTHER'S MAIDEN						
	Tohn P	Dance	m Decease	50	Miranda	Wamilto	•				
15. WAS DECEASED EVE			er - Deceas		RMANT	HAMITICO	Addr	ess		-	
(Yes, no, or unknown)	(If yes, give war or dates of	ervice)								200	
Yes	WW I		None	Hos	pital Reco	rds, VA	H, Per	ry Po	-	RVAL BE	
Conditions, if o gave rise to i couse (o), stoting lying cause last.	m mediote The under-	B B	ronchopneum ronchogenio pread metam ymph nodes	c car	cinoma rig	ght lun	g with			-5 d inkn	
PART II. OTH	HER SIGNIFICANT CON	_	CONTRIBUTING TO DEAT							PERFO	AUTOPSY PRMED?
	AS UNDERLYING DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OCC								
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	ar 20d. II While at wor	NoI while		OF INJURY (Home, farm, street, affice bldg., etc		town)	(0	County)		(Stote
21. I certify th	at attended the	deceas	ed from July	8	, 19 59, to J	uly 16	1959;	HEALER	XXX	XXXX S	ecesso
			and that a								
ACTUAL	7.2.	G	asey	M.D	V. A. Hospi	ADDRESS (Street	t, city or town,	state)		DAT	TE SIGNET
PHYSICIAN'S NAME (Type)	J. L.		: 1//		Clinica	l Patho	logist				
220. BURIAL, CREMATIO	7/19/5	of 9	Circle I	ERY OR C	Cem.		N (City, town, o	, ,	Pa.	(Stat	e)
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		24a. REC	D BY REGISTRA			GNATUR	E	
J. William	Lee. 4th S	t. &Ma	ass. Ave. N. E	E. Was			Catt	200 8 g	KANA		

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ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

VS A15 (4) 1SM 9/5S

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	b. CITY OR TOWN (If RURAL and give nec	outside carporate limit trest town)	ts, write	c. LENGTH OF STAY IN 16	c. CITY			e limits, write RI	JRAL and giv	ve nearest to	iwn)
L	Elkto			Life	21	Elkton	1				- 5
	d. NAME OF HOSPITA	L (If not in hospital, gi	ive street o	oddress)	d. STRE	ET ADDRESS			1179	e. IS R	ESIDENCE A FARM?
		Hospital	1000		32	5 Nor	th Str	eet			NO I
1	NAME OF DECEASED (Type or print)	1 fin	ER	Middle C •	61	Last	4. DATE OF	Mon	h	Doy	Year
-		0 170			011		DEATH	/		26	195 /
	sex Male	2450 .0 1	7. MARRI	D DIVORCED	June		903	AGE (In years lost birthday) 56 yrs.	Months D	YEAR IF UN	IDER 24 HRS.
		111111111111111111111111111111111111111		KIND OF BUSINESS OR INC		,		00	12 CITIZ	EN OF WH	AT COUNTRY
-	during most of working etail Men	ng life, even if relired)	100.	Grocer		laryla		,,	1 1	U.S.A	
13.	FATHER'S NAME				14. MOTH	ER'S MAIDEN	NAME				
	07 1770	r C. Gile	20	Sr.	7	della	1	TTMI	1		
15.		IN U. S. ARMED FOR			INFORMANT	u o ita	1	UNKNOW		C 37	13 01
	s, no, or unknown) (fi	f yes, give war or dates of se		ocial seconii i io.					02		cth St
	No				Mrs. H	ulah,	Tohnso	n Gile	s, El	kton,	Md.
			use per In	e for (a), (b), and (c).]	— ,	1 1				INTERVAL ONSET AN	
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (o)	TU	monary	Em	Do 10	S			ONSE! AI	DEATH
	260X	DUE TO				1	7			1	1
	Canditions, if on	v which \	1	15T- 00+	ove TIV	+ /	high	Alanh.	Tation	60	ave
N	gove rise to im	mediate (, , ,		11001	1 1,000		
	catse (a), stating th	he under-		V							
7	lying cause lost.) (c))								
CERTIFICATION	18 1 - 1 - 1	~	DITIONS C	ONTRIBUTING TO DEATH B	JT NOT RELATED	TO THE TERM	NAL DISEASE C	ONDITION GIV	EN IN PART		S AUTOPSY FORMED?
3	VIAN	10/05	me	11,105] NO D
TIE	20a. ACCIDENT WAS	UNDERLYING [20b. DESC	RIBE HOW INJURY OCCUR	RED. (Enter natu	re of injury in I	Port I or Port II	of item 18.)			
Ü	OR CONTRIBUTING	MEDICAL EXAMINER)									
S	20c. TIME OF INJURY	Manth, Day, Yea	or 20d. IN	UURY OCCURRED 20e.	PLACE OF INJU	RY (Home, form	20f. (City o	town)	ICo	unty)	(State)
MEDICAL	Hour o. m.	19	While	_ Not while _	factory, street, a	ffice bldg., etc)		(40	,,	, (5,6,6)
Z	p. m.	,	of work	of work		F78	11/2				
	21. I certify the	at I attended the	decease	ed from 6	_0 , 19.	7 to	1/20	2 , 190	that I la	st saw th	e decease
	alive an	126	123	, and that dea	th accurred	at 1431	M. from	the causes a			
	1	LAN		1	1			el, city or town,			DATE SIGNE
	ACTUAL	the Ch		Willer.		62 1	11 17	AIN S	T	17/-	1/5
	SIGNATURE				_ M.D		Y1_J_L	-/-(/	۷		-0-1-1
	PHYSICIAN'S NAME (Type)	John.	A	Fischer		-1KT	ON	Md			
	BURIAL, CREMATION	7/29/59		Elkton Co			Elkt	on, Md		(St	(ate)
220	Darrar	1 / - /									
L	FUNERAL DIRECTOR'S	SIGNATURE /	1	ADDRESS		24a. REC'	D BY REGISTRA	R 24b. REGIS	TRAR'S SIGN	NATURE	
L	202 202	SIGNATURE	1	ADDRESS Elkton, N	id.		D BY REGISTRA		TRAR'S SIGN		

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	PLACE OF DEATH		11		
	Cecil	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary	ere deceased lived. If institutions b. COUNTY	Residence before admission)
	c. CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest town)	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (11%)	utside corporate limits, write RURA	AL and give nearest town)
	d. NAME OF HOSPITAL (IF not in hospital, give store in the control of the control	reer oddress)	d. STREET ADDRESS	RN#4	e. IS RESIDENCE ON A FARM? YES NO
	DECEASED	Middle L V N	Hall	4. DATE Month OF DEATH	Day Year 1959
	7 W WID	OWED DIVORCED	8. DATE OF BIRTH March 10	1959 lost birthdoy) M	UNDER 1 YEAR IF UNDER 24 HRS. Onths Days Hours Min.
100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign/country) 2 Marylana	12. CITIZEN OF WHAT COUNTRY?
	James M.	Hall	Holo	res Jann	er!
		16. SOCIAL SECURITY NO. 17. I	NFORMANT	M. Hall	
	18. CAUSE OF DEATH [Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (o), (b), and (c).]	shis - wife	· Junio	INTERVAL BETWEEN ONSET AND DEATH
	571.0 DUE TO Conditions, if ony, which (b)	Tepol	ume -		18 Lows
	coese (o), stoting the under- lying couse lost. Cc)				
					IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
1					
MEDICA	Hour o. m.	hile Not while fo	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	, 20f. (City or town)	(County) (Stole)
	21. I certify that I attended the decalive on 160, 1	12	accurred at 1	M. fram the causes and	hat I last saw the deceased an the date stated abave.
	ACTUAL SIGNATURE THE CO. Q	Mouden	M.D. 7 200	ADDRESS (Street, city or town, stat	DATE SIGNED
	PHYSICIAN'S NAME (Type)				() 1
1	REMOVAL (Specify) 1/2/5	9 Eleton (emetery	22d. LOCATION (City, town, or co	md
23.	FUNERAL DIRECTOR'S SIGNATURE	reh. Elkton	- 1 11/		AR'S SIGNATURE
	13. 15. 17ei	3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MID 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no. or unknown] 18. CAUSE OF DEATH [Enter only one couse part in Death Was Caused By: IMMEDIATE CAUSE (o) 19. CONDITION (b) 19. CONDITION (c) 19. CONDITION (Give kind of work done during most of working life, even if retired) 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. CAUSE OF DEATH [Enter only one couse part in Death Was Caused By: IMMEDIATE CAUSE (o) 19. DUE TO 19. DUE TO 19. DUE TO 20. ACCIDENT WAS UNDERLYING DUE TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20. TIME OF INJURY Month, Day, Year 20. Mour o. m. 19. Due to during most of working in the part of the	3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED DIVORCED DIVORCED	3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED MARCH 10. USUAL OCCUPATION (Give ind of work done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI 19. Give view of dodes of service 20. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in for CONTRIBUTING CAUSE OF DEATH 19. ON white 19.	3. NAME OF DECEASED OF First Middle Lost 4. DATE Month OPERATH DISTANCE (Signe or print) 5. SEX

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7856 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR STATE

Page 5 may be retained in 1 and 2 with the State Bathin 72 hours after death.

TO DEPUTY A CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the caffilicate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funct 4 should be forwarded to the Chief Medical Examiner's Office olong with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME

5M 2/57

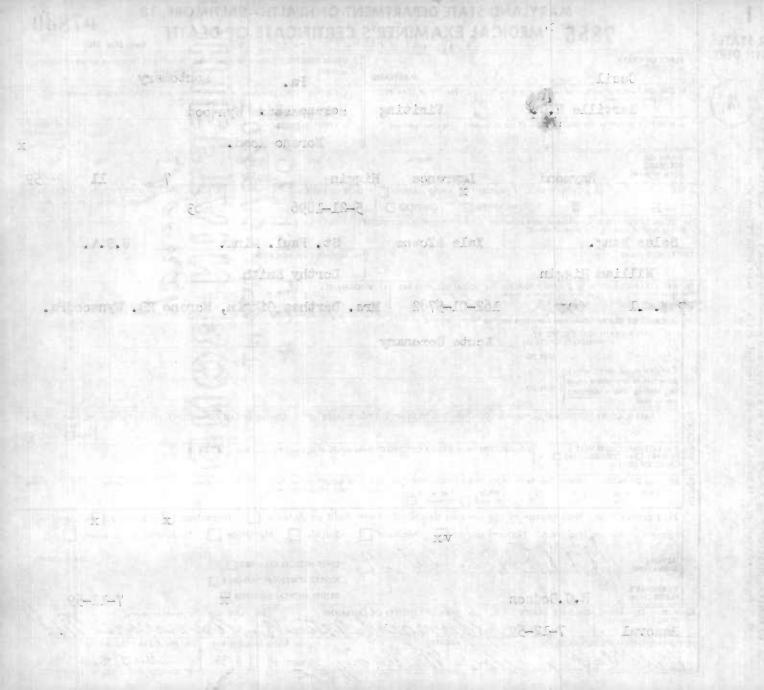
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ector. Page ector your files. Board of Health,

07830

PLACE OF DEATH				2. 0	SUAL RESIDENC	E (Where deced	sed lived. If institu	ution; Res	idence be	fore adm	nission)
o. COUNTY	47		MARYLAN	- 11 -	STATE		Monton				1
b. CITY OR TOWN	(If autside corporate limits, wri	e RURAL	c. LENGTH OF STAY IN 11		CITY OR TOWN	V (If outside co			and give	neorest to	awn)
and give nearest to	ville R.D.		Visiting		lerenezz	n. Wy:	nnewood	7.	X-	PERFORMED? YES NO TO THE STATE SIGNED 7-11-59	
d. NAME OF HOSP	PITAL OR INSTITUTION	If not in ho	spitol, give street address)		L STREET ADDRES	o Road	77777				
3. NAME OF	Fil	- A	Middle			4. DATE		4	D.		
(Type or print)		TBV		1	Last	OF DEATH	Mont	h	Day		_
s, SEX	6. COLOR OR RACE	7		Higg		DEATH	In ACE	Liettain		-	
M	W. COLOR OR RACE	WIDOWE	DIVORCED		21-1896		9. AGE fin years lost birthday) 63 yrs.	Months	7	-	-
00. USUAL OCCUPAT	TION (Give kind of work	1	KIND OF BUSINESS OR INDU	1		itate ar foreign		12. (ITIZEN C	F WHAT	COUNTR
Sales Ma	king life, even if retired)		Yale &Towne		St. Pau	d. Minn		,	TCA		
3. FATHER'S NAME	416.0		Tate alouse	14. /	MOTHER'S MAIDE	the state of the s			1 60 64	•	
Willia	am Higgins				Dorthy						
5. WAS DECEASED I	EVER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17.	. INFOR	AANIT		Address				
(Yes, no, er unknown)	[If yes, give war or dates of	1	2-01-5782	Mag	partn	ea Hig	gins		Warne	modE	20
TO CAUSE OF DE	EATH Enter only one co			MT D.	795 9479	197987	Moreno	m.			
	ATH WAS CAUSED BY:	ore ber ille	for (o), (b), one (c).								
1. 20	IMMEDIATE CAUSE (o)A	cute Coronary	•							
4.20.1	DUE TO										
Conditions, if		1									
gove rise to imm											
couse lost.) (c	1									
PART II. O	THER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DEATH BU	IT NOT RE	LATED TO THE T	ERMINAL DISEAS	SE CONDITION GIV	EN IN P	ART 1(o)	PERFC	DRMED?
200. EXTERNAL C	ALISE WAS 2	Ob DESCRIE	BE HOW INJURY OCCURRED.	(Enter o	oture of injury in	Port Lor Bort 1	Lafitan 10)			152	NO K
PRIMARY OF C	ONTRIBUTING	OD. DESCRIE	L HOW MAJORY OCCORRED.	. Icmar n	orone or impory in	roiri di roii ș	or item is.j				
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20c. TIME OF INI		Whil		actory, st	INJURY (Home, reet, office bldg.,	etc.)	y or town)	(1	County)		(State)
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21. I certify	that I took charge	e of the	remains described at	bove, l	neld an Auto	opsy [], I	nspection 🖼	Inqu	uiry 🗔	an	id in my
opinion deat	h resulted from:	Natural	causes Accident	1 .	Suicide .	Homicide	. Undete	rmine	mann	er 🔲	
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SIGNATURE_		- 11		(DICAL EXAMIN	ER [T]				
EXAMINER'S NAME (Type)	R.C.Dods	on			DEPUTY MEDIC	CAL EXAMINER			7-17	-£0	
	ION. 226. DATE THERE		22c. NAME OF CEMETERY	OR CREM			TION (City, town,	or county		力だ	
Removal	7-12-	59	romago	tes	Illiana	Den C	write	400	as	110	9
3. FUNERAL DIRECTO	OR'S SIGNATURE	54/1	ADDRESS CALL	1	-	REC'D BY REGIS	V				1
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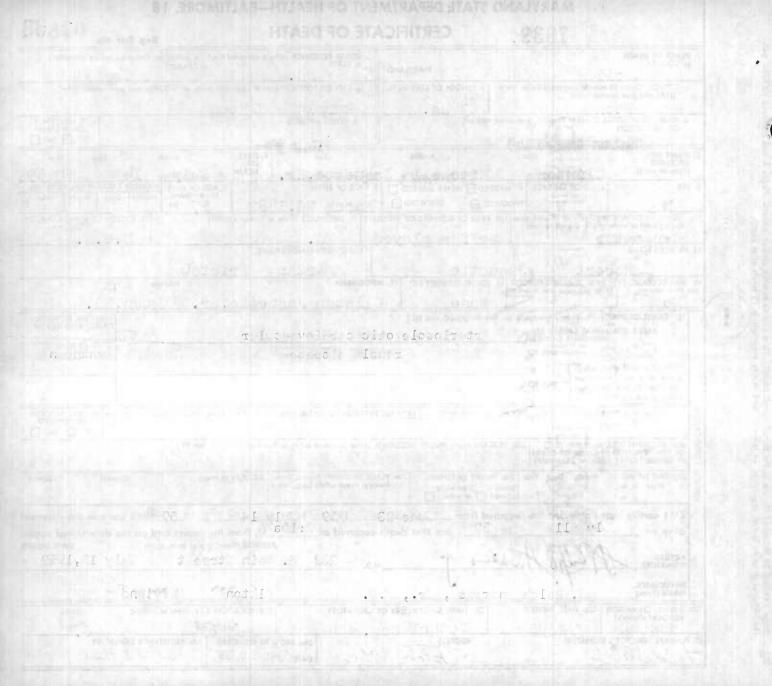


1		7	MARYL 857	AND STA		MENT OF HEALTH ATE OF DEATH			N7831 ist. No. 97
Poge director	1.	PLACE OF DEATH o. COUNTY Cecil			MARYLAND	2. USUAL RESIDENCE (WHO or STATE	b. C0	institution: Reside	
deoth.		b. CITY OR TOWN (If outside RURAL and give nearest tow	corporate limits		GTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limits,		
2 should	77	d. NAME OF HOSPITAL (IF no OR INSTITUTION				d. STREET ADDRESS Trailer 19,		Village	e. IS RESIDENCE ON A FARM? YES NO
24 hour led in b	-	S.Naval Hospi NAME OF DECEASED (Type or print)	fin Manu		Middle Ricardo	Lost House	4. DATE OF DEATH	Month July	Day Year 19 59
within etely fill. Pages	S.	SEX 6. COL	OR OR RACE		NEVER MARRIED []	B. DATE OF BIRTH	9. AGE (In last birt	years IF UNDE hday) Manths	R I YEAR IF UNDER 24 HRS. Days Haurs Min.
cecuted comple popers.	10	Male No. 3. USUAL OCCUPATION (Give during most of working life,	00000			USTRY 11. BIRTHPLACE (State		12. CI	TIZEN OF WHAT COUNTRY?
o de de	13.	FATHER'S NAME				Marylan 14. MOTHER'S MAIDEN N	NAME	Ur	nited States
physici smove hours		WAS DECEASED EVER IN U. 15, no, or unknown) (If yes, give			SECURITY NO. 17.	Patricia INFORMANT Hospital Re		Address	
requires that the deoth ce on. n signed by the attending sit permit. Then please re ind in any event within 72		18. CAUSE OF DEATH [En PART I. DEATH WAS IMMED 7 7 6 X Conditions, if any, whi gave rise to immedia case (a), stating the underlying cause last.	CAUSED BY: IATE CAUSE (a), DUE TO		a), (b), and (c).] IATURITY				INTERVAL BETWEEN ONSET AND DEATH 8 hr. 30 min
The law g physici has bee urial-tran emoval, a	FICATION					IT NOT RELATED TO THE TERM			RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO M
PHYSICIAN: al or attendin this certificate r use as the b emation, or re	MEDICAL CERTI	20a. ACCIDENT WAS UNDE OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICA 20c. TIME OF INJURY Moni Hour a.m., p. m.	1	r 20d. INJURY C	OCCURRED 20e.	PLACE OF INJURY IHame, form actory, street, affice bldg., etc.	n, 20f. (City or town)	100	(County) (State)
retoine by the hospite RAL DIRECTOR: After the should be detached for strar prior to burial, cr		21. I certify that I at alive on 4 Jul ACTUAL SIGNATURE OLG ZO PHYSICIAN'S NAME (Type) Vict	N E. (12 59 Mett	, and that dea	h accurred at 7:15	P.M., fram the car ADDRESS (Street, city o	uses and on r town, state)	the date stated above. DATE SIGNED CLUBE TO MARKET STATE CLUBE TO
TO HOSPITAL TO HOSPITAL SO, WEST TO FUNERAL Poge 3 show the registror	23	PBURIAL CREMATION, 22b. REMOVAL (Specify) PUNERAL DIRECTOR'S SIGN	-6-195	59	DORESS, LEVYLA	wry Cena	D BY REGISTRAR 244	tawn, or county	IGNATURE

BI 2110 B BF 3809	MY OF HEALTH-BASTO	MTSEVERIEVEN	nu podenima i i i i	
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7838 CERTIFICATE OF DEATH Rea. Dist. No director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Filed 1 b. COUNTY -MARYLAND Ceci Maryland funerol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) should Elkton vrs. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE 090 OR INSTITUTION ON A FARM? Church Street Devine Haven Nursing Home YES NO K 2 NAME OF Middle 4. DATE Day Year filled OF DEATH Carria P. Hudson July 22. (Type or print) 10 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years lost birthday) Months Days White Female WIDOWED | DIVORCED [Dec. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Housewife Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David Lusby Mary Price move 72 hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Charles O. Hudson. 109 Church St. Elkton Mo edse 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH cardiovascular disease 0 Arteriosclerotic PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. CATION PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) 0. 0 Not while of work of work 59 59 that I last saw the deceased 21. I certify that I attended the deceased from... July 22 and that death occurred at. M, fram the causes and on the date stated above. DIRECTOR ADDRESS (Street, city or town, stote) ACTUAL FUNERAL DIR PHYSICIAN'S NAME (Type) Ralph Andrews, Jr., M.D. Elkton, Maryland 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) poge REMOVAL (Specify) 5/59 Bethel Cemetery Bethel. Cecil uria Co. 10 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246 REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS A15 (4) 15M 9/55 DATEUL 2 8 '59 arthur S. Krous Elkton. Md.

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 OSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed writing a many array be retail by the haspital or attending physician.

UNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in burners.

3 Shauld be detached for use as the burial-transit permit. Then please remave conson papers. Pages 1 and 2 mould be registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs filter death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	784		CERTIFIC	ATE OF	DEATH	1		Reg. Di	st. No.	07	835
1. PLACE OF DEATH o. COUNTY			MARYLAND	O STATE	yland	ere decease	d lived. If instituti b. COUNTY	on: Residen		e odmissi	ion)
b. CITY OR TOWN (RURAL ond give no Elkt	If outside corporate limearest town)	ils, write	c. LENGTH OF STAY IN 18		TOWN (If o		rate limits, write Rast R.D.2		give nea	rest tawn)
d. NAME OF HOSPIT OR INSTITUTION	Union Ho			d. STREET	ADDRESS						IDENCE FARM? NO X
3. NAME OF DECEASED (Type or print)	Bert	ha	Middle H.Lev:		ast	4. DATE OF DEATH	Mor Ji	"ly 12	2 Da		⁷ *59
5. SEX Female	6. COLOR OR RACE white	7. MARR	DIVORCED		th ch 9,1	890	9. AGE (In years last birthday) 69 yrs.	Manths	1 YEAR Days	Haurs	R 24 HRS. Min.
100. USUAL OCCUPATION during most of wor Housew:	ON (Give kind of wark king life, even if retired LT C	dane 10b.	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHI	Mary 1a		ountry)	12. CI1	USA		COUNTR
James Pr	yor			14. MOTHER	'S MAIDEN N	IAME	Tyso	1			
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOI (It yes, give war or dates of		SOCIAL SECURITY NO. 17	. INFORMANT Clarence	J.Lev	redge	North E		.D.2	Mar	y1and
Conditions, if a gove rise to i coese (a), stating lying couse last.	mmediate DUE TO		Metastatic A. Idenocarcino		Stou	nach				3 yes	ers.
CATIC	HER SIGNIFICANT CON AS UNDERLYING CAUSE OF DEATH		CRIBE HOW INJURY OCCUR					EN IN PAR	T 1(a) 15	PERFO	AUTOPSY RMED? NO
(IF EITHER, NOTIFY 20c. TIME OF INJUI Hour o. m. p. m.	MEDICAL EXAMINER)	ar 20d. It While at war	Nat while	PLACE OF INJURY factory, street, affi			or tawn)	(6	County)	Y	(State)
21. I certify the alive on	Klaus H.	decease , 195	* E7 /	y , 19,5 oth occurred a _M.D/			n the causes of treet, city or town,			e state	
220. BURIAL, CREMATIC REMOVAL ISpecify Burial	July 15,1		22c. NAME OF CEMETERY Methodis			22d. LOCA	th Bast		, Md	(Stote	r)
23. FUNERAL DIRECTOR Joseph		Nor	ADDRESS th East, Mary	land		D BY REGIST		STRAR'S SIC			

DATE JUL 1 5 '59

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		784	3	CERTI	FICA	TE OF DEATH	4		Reg. Dist. 1	10. 178	37
1. (PLACE OF DEATH D. COUNTY	Ceril		MARY	LAND	2. USUAL RESIDENCE (WI	here deceased	lived. If institutio b. COUNTY	n: Residence b		
ľ	RURAL ond give	(If outside corporate li nearest town)	mits, write	c. LENGTH OF STAY	IN 16	C. CITY OR TOWN (IF C	Ton	ate limits, write RU	JRAL and give	nearest town)	
	d. NAME OF HOSE OR INSTITUTION DEV/IV		- /	No HOME		d. STREET ADDRESS				ON A FAR	SW3
	NAME OF DECEASED (Type or print)	BONNIE	First	Middle HAMILTO	N	MCKEE	4. DATE OF DEATH	JUL)	/ 2	Day Year	59
5. 5	SEX F	6. COLOR OR RAC	7. MARR	DIVORCE	_	SEPT. 7, 18	28	9. AGE (In years last birthday) yrs.	Months Doy	AR IF UNDER 24	HRS. Win.
	HOUSE	ION (Give kind of wor orking life, even if retir	k done 10b.	KIND OF BUSINESS C	e stem	TEX	or foreign co	untry)	12. CITIZEN	S. A	JNTRY?
	FATHER'S NAME	NK H	4 191	LTON		14. MOTHER'S MAIDEN N	V/E	BRE	WEI	2	
	WAS DECEASED EV	/ER IŃ Ů. S. ARMED FO (If yes, give wor or dates of		SOCIAL SECURITY NO	17. 11	SARA M	CGG	KE	ELA	TON MO	1
		g the under-	(o) A	ne for (a), (b), ond (c).	1 4 C	F VULVA	9			NTERVAL BETWE	EN TH
CERTIFICATION	20a. ACCIDENT V	VAS UNDERLYING [7]	20b. DESC			NOT RELATED TO THE TERM O. (Enter nature of injury in			N IN PART 1(a	19. WAS AUTO PERFORME YES NO	03
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	21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the	v (79/	death	occurred at 1/3	J.M. from	the causes areel, city or town, s	nd on the		
220	BURIAL, CREMATI REMOVAL (Specif		EOF 59	22c. NAME OF CEM	ETERY OF	CREMATORY ROEK	22d. LOCAT	ION (City, town, or	r county)	(State)	
23.	PPIN P	R'S SIGNATURE	MEX	Pale / M	Zu E	MAC. DATE JU	D BY REGISTI		trar's SIGNA .		

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		PLACE OF DEATH o. COUNTY CECT MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY b. COUNTY CCCT
1		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN IN foutside corporate limits write RURAL and give nearest town)
		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM YES NO
065 ode 1		NAME OF DECEASED (Type or print) First Middle Mc Mallen 4. DATE Manth Doy Year OF DEATH July 10 195
	5.	Female white WIDOWED DIVORCED OCT 5 1879 8780 yrs. Months Days Hours Mi
death.	L	USUAL OCCUPATION (Give kind of work done done done down to the during most of working life, even if regired) Rouse Cufe B. Jing Sun Manyland 12. CITIZEN OF WHAT COUNTY B. Jing Sun Manyland 12. CITIZEN OF WHAT COUNTY B. Jing Sun Manyland
rs after	13.	Joseph Heys Sugan Conelly
72 hours	1S. Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No. or unknown) (If yes, give wor or dates of service) No. Of Many C. Many
en please ra		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cerebral Throm bosis 24 hav
permit. Then		Conditions, if any, which gove rise to immediate coess (a), stating the under-tying couse lost. DUE TO Conditions, if any, which gove rise to immediate coess (b). Cerebral Arterios cleros. To DUE TO (c)
burial-transit removal, and	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPPERFORMED? YES \[\] NO [
the burial		20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
use as	MEDICAL	20c. TIME OF INJURY Month, Day, Year And INJURY OCCURRED Hour o. m. While Not while of work of
ld be detached for prior to buriol, cra		21. I certify that I attended the deceased from 9/4/4, 1959, to 10/4/4, 1959, that I last saw the deceased alive on 1959, and that death occurred at 1959. M, from the causes and on the date stated ab ADDRESS (Street, city or lown, stote) ACTUAL SIGNATURE Walker Oblevskain M.D. Cecilfon M.D. (Orlus)
je 3 shauld be registrar priar		PHYSICIAN'S NAME (Type)
m 'm	220	BURIAL, CREMATION, 22b. DATE THEREOF 22, NAME OF TEMPORY OF CREMATION (City, town, or county) (Stote)

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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1. PLACE OF DEATH o. COUNTY

b. CITY OR TOWN RURAL and give

MARYLA	ND STATE DEPARTM	ENT OF HEALTH-	-BALTIMORE, 1	8 00040
7841	6 CERTIFICA	ATE OF DEATH		17841) Reg. Dist. No.
CECIL	MARYLAND	2. USUAL RESIDENCE (Where o. STATE	deceased lived. If institutio b. COUNTY	Residence before admission)
(If outside corporate limits, whereast town)	vrite c. LENGTH OF STAY IN 16		RLESTON	
TAL (If not in hospitol, give VN/ON	street oddress) HOSP	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
-VELYN	FRANCIS ME	EREDITH 4	OF DEATH JULY	Doy Yeor 28, 1959
141	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Dec.23,1884	9. AGE (In years lost birthdoy) 4 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
ON (Give kind of work done rking life, even if retired)	10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote or PENN)	foreign country)	12. CITIZEN OF WHAT COUNTRY?
		14. MOTHER'S MAIDEN NA	WE	
MES TA	YLOR	No	INFO.	
ER IN U. S. ARMED FORCES' If yes, give war or dates of service		RS, MARSHAL	LL MODRE	"CHARLESTOWN
ATH [Enter only one couse	per line for (o), (b), and (c).]			INTERVAL BETWEEN
ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	CARCINO.	MH of STOP	CACH	ONSET AND DEATH
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d. NAME OF HOSP OR INSTITUTION NAME OF DECEASED (Type or print) S. SEX 10o. USUAL OCCUPAT during most of wo HUUSE 13. FATHER'S NAME 15. WAS DECEASED EV 1B. CAUSE OF DE PART I. DE Conditions, if ony, which gove rise to immediate DUE TO cosse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES T NO K 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Doy. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while p. m. of work 21. I certify that I attended the deceased from Zithat I last saw the deceased 1.M. from the causes and on the date stated above. and that death/occurred at ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** ELKTEN, 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE JUL 31 '59 Orthur & Kines DATE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No. 17841

1. PLACE OF DEATH a. COUNTY CeC	:11		MARYLAN	a. STATI	RESIDENCE (WI		b. COUNTY	_	ce befare	admission)
b. CITY OR TOWN (I RURAL ond give no Rural		ts, write	c. LENGTH OF STAY IN 1	b c. CITY	OR TOWN (IF		rate limits, write f		ive neare	st town)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, g	jive street	address)	d. STRE	ET ADDRESS					IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fi	mma.	Middle Louisa	Моо	Last Te	4. DATE OF DEATH	7 Mor		Day	Year 19 59
5. SEX female	6. COLOR OR RACE white	7. MAR	RIED NEVER MARRIED	B. DATE OF			9. AGE (In years last birthdoy) yrs.	IF UNDER Manths		Hours Min.
10a. USUAL OCCUPATION during most of work housewill	ging life, even if retired	done 10b.	KIND OF BUSINESS OR IN	DUSTRY 11. BIR	Mary 1a		ountry)	12. CIT	US.	WHAT COUNTRY
13. FATHER'S NAME				14. MOTH	ER'S MAIDEN	NAME				
Torber	t Scarborou	igh	ELECTRICAL PROPERTY.		Wilhemi	ina C	campbell			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17	, INFORMANT				Iress		
no			none	Loui	se Moor	e E	Elkton R.	D.4 M	ary1	and
PART I. DEA 420./ Conditions, if a gave rise to it	TH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO ny, which (b) mmediate)	ine for (o), (b), and (c).] Myocardial arterioscle			ronary	arter	ies		days 5 yrs
lying cause last.	the under-	1	arterioscle	rosis	genere	lized	1.		20	Overs
PART II. OTH	HER SIGNIFICANT CON		CONTRIBUTING TO DEATH					VEN IN PAR		WAS AUTOPSY PERFORMED? (ES NO A
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (Enter natu	re of injury in	Part I or Part	II of item 18.)			
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	While		PLACE OF INJU factory, street, o	RY (Home, form office bldg., etc	n, 20f. (City	or town)	(0	County)	(Stote)
21. I certify the alive an July	at 1 attended the 1y 18	decease , 19	sed from Nov 2 59 and that dea	ath accurred	at 1:55	AM, from	the causes of th	and on th		
	allace M.		onson M.D.		ewark,					
220. BURIAL, CREMATIO	7-22-1		Cherry Hill				ION (City, town, kton R.D.	or county)	il Co	(State)
23. FUNERAL DIRECTOR	/17/	la Ba	ADDRESS ST, Maryland	Method:	240. REC	D BY REGIST	RAR 24b. REGI	STRAR'S SIC	SNATURE	

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VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7859

CERTIFICATE OF DEATH

07842 Reg. Dist. No.

1.	o. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE O. STATE	(Where deceased lived.	If institution: Re	esidence befare a	dmissian)
	b. CITY OR TOWN (If outside carporate limits, write RURAL op eigenstated) 12 (1)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If autside carporate lin	nits, write RURAL	ond give nearest	tawn)
	d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION Elm St		d. STREET ADDRES	Elm St			RESIDENCE ON A FARM?
3.	NAME OF DECEASED (Type ar print) NAME OF DECEASED (Type ar print)	Middle V •	Noe1	4. DATE OF DEATH	July	Day 5	Year 19 59
5.	Female 6. COLOR OR RACE 7. MAR WIDOW		B. DATE OF BIRTH Dec. 3,	1908 9. AG	E (In years IF UI Man	NDER 1 YEAR IF I	DUTS Min.
10	a. USUAL OCCUPATION (Give kind of work done 10b during mast of working life even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (S	tote ar fareign country)	12	USA	AT COUNTRY?
13	FATHER'S NAME Millard	Kirby	14. MOTHER'S MAIDE		land		
15 (Y	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 st. no. or unknown) (If yes, give wor or dolles of service)		ohn F. No		Address	Md.	
CERTIFICATION	18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). 420 / DUE TO Canditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS	CUTE CORONAL		erminal disease con	DITION GIVEN IN	ONSET / ////	AL BETWEEN AND DEATH AND D
MEDICAL CERTIFI		for the state of t	D. (Enter nature af injury ACE OF INJURY (Hame, ctary, street, office bldg.	farm, 20f. (City or tay		(Caunty)	(Stote)
	21. I certify that I attended the decea alive an Jime 79, 19. ACTUAL SIGNATURE DUDGY Phille PHYSICIAN'S DUDGY P. BURIAL CREMATION, 22b. DATE THEREOF	sed fram March, and that death hillips M.D 22. NAME OF CEMETERY O	n accurred at/030 M.D. DARI	July 5	causes and ar ity ar tawn, state)	the date st	
23	FUNERAL DIRECTOR'S SIGNATURE	Mt. Erin C ADDRESS Perryvil	1	REC'D BY REGISTRAR	De Grac		

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			C. E. STELLINE		
	earl at byra	. Valedo	G.K. & L.IIIIT		
		,	TYAMATA		77 no

1. PLACE OF DEATH o. COUNTY	Cecil		MARYLAND	2. USUAL RESIDENCE	(Where decease vland	b. COUNTY	on: Residence	before odn	nission)
b. CITY OR TOWN I	outside corporate limits, write	RURAL C. I	LENGTH OF STAY IN 16			porote limits, write R	URAL and giv	e necrest fo	own)
and give nearest town	rry Point	A	mo. 14 days	Rel	timore		VO1-	11	
	AL OR INSTITUTION (d. STREET ADDRESS	o T mo I e				RESIDENCE
Veterana	Administra	tion Ho	enital	1313	Linden	Avenue			NO F
NAME OF DECEASED	Fin		Middle	Last	4. DATE	Month	D		Year
(Type or print)	NO	ET.	В.	SAMUELS	DEATH	July			19 59
. SEX			NEVER MARRIED - 8.			9. AGE tto veors	FUNDER TYE		DER 24 HRS.
Male	Negro	WIDOWED	DIVORCED 🗍	6/2/20		lost birthday)	Months Day	Hours	Mln.
Oo. USUAL OCCUPATION	ON (Give kind of work of	done 10b. KIND	OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stat	e or foreign c		12. CITIZEN	OF WHAT	COUNTRY
Jani	g life, even if retired)	Not	obtainable	Marylan	2		US	A	
3. FATHER'S NAME	001	1100	Obtainable	14. MOTHER'S MAIDEN			1 05	A	
	Montague	Samual	C	Nora Wal	kan				
	ER IN U. S. ARMED FOI	RCES? 16. SOCI		FORMANT	VeT.	Address			
Yes, no, or unknown) Yes	WW II		-12-4071 E	lospital Re	abrea		nmir Do	4-4	Ma
Canditions, if a gove rise to imme (a), stating the couse last.	diate couse								
3	IER SIGNIFICANT CONU		BUTING TO DEATH BUT N				N IN PART 1(o	19. WAS PERFO YES T	AUTOPSY ORMED? NO
	JSE WAS YTRIBUTING 201	Black	ed out and		art 1 or Port 11	of Item 18.)	93		
20c. TIME OF INJUI Hour o. m. p. m.	7-12 15	While	Not while of work	E OF INJURY (Home, far try, street, affice bldg., et Home	c.)	or town)	(County) Maryl	and	(State)
21. I certify th	at I taak charge	of the remo	ains described abay	ve, held an Autap	sy 🛣, Ir	nspection ,	Inquiry [X, and	find tha
ACTUAL	from: Natural of	causes R?	Accident [], Suid	ide, Hamicid		ndetermined ca	use .	DATE	SIGNED
EXAMINER'S NAME (Type)	R. C. D	ODSON		ASSISTANT MEDICAL	CAL EXAMINE	-		7-14	1− 59
	. I look of the mission	r 100-	NAME OF CEMETERY OR	CREMATORY	224 10CA	HONLIGA A			
20. BURIAL, CREMATIC	N, 22b. DATE THEREO	220.	NOME OF CEMETERS OR	CKEMIATORT	220. LOCA	TION (City, town, or	county)	(Sto	10)
20. BURIAL, CREMATIO DEMOVAL (Specify)	N, 226. DATE THEREO	220.		National		timore,		(510	10)

Havre de Grace, Md.

DATEJUL 1 6 '59

246. REGISTRAR'S SIGNATURE

CAYLAN S. Kraus

VS. A15ME(5) 5M 9/55

Pennington & Son,

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VS A1S (4) 1SM 9/SB MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7861 CERTIFICATE OF DEATH

Reg. Dist. No. 07844

PLACE OF DEATH O. COUNTY	Cecil		MARYLAND	o. STATE Pent	E (Where deceased navlvani	b. COUNTY	n: Residence t	pefore adm	ission)
b. CITY OR TOWN (II	f outside corporate lim	ils, wrile c.	LENGTH OF STAY IN 16	-		rote limits, write RU	RAL ond give	nearest to	wn)
RURAL and give ne		9	mo. 23 day	P1+1	tsburgh	75	× 3		
d. NAME OF HOSPIT	Y Point AL (If not in hospitol, s			d. STREET ADDRE		1 ×	V5	e. IS R	ESIDENCE
OR INSTITUTION	Admind atom	tion U	[constant	120 Her	nlook				A FARM?
Veterans 3. NAME OF	AU HITHIB UTE		Middle	-Lost-	4. DATE	44 .1			
(Type or print)					OF DEATH	Manti		Day	Yeor
S. SEX		IOHE	EDWARD	H.	DEATH	Jul	IF UNDER 1 Y	20	1959
3. 3EA			NEVER MARRIED	B. DATE OF BIRTH		lost birthday)	Months Do		1
Male	White	WIDOWED [2-23-92		67 yrs.	1		
during mast of wark	ON (Give kind af work ting life, even if retired	done 10b. KIN	D OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or fareign co	ountry)			COUNTRY
Firen	an	Not	obtainable		rlvania		USA		
13. FATHER'S NAME				14. MOTHER'S MAIL	DEN NAME				
	Valentine	Schoh	ie	Minnie	Brumer				
1S. WAS DECEASED EVER	R IN U. S. ARMED FOI		CIAL SECURITY NO.	INFORMANT		Addre	955		E 131
Yes	WW I		obtainable	e Hospita	Record	a. VAH.P	erry F	oint	. Md.
	TH [Enter only one co				21104024	. J		INTERVAL	
	TH WAS CAUSED BY:	4						ONSET AN	ID DEATH
	IMMEDIATE CAUSE (c		chopneumon	ia bilater	al unres	olved		5-6	days
420.0	DUE TO								
Canditions, if or		Arte	riosclerot:	ic heart di	isease			unkn	own
couse (o), stating									
lying cause lost.) (0	:)(
PART II. OTH	IER SIGNIFICANT CON	IDITIONS CON	TRIBUTING TO DEATH BU	T NOT RELATED TO THE	TERMINAL DISEASI	E CONDITION GIVE	N IN PART 1	o) 19. WA	S AUTOPSY FORMED?
Z Z									NO [
PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH	20b. DESCRIB	E HOW INJURY OCCURR	ED. (Enter nature of inju	ry in Part I ar Part	t II of item 1B.)			
(IF EITHER, NOTIFY	MEDICAL EXAMINER)								
20c. TIME OF INJUR Haur o. m. p. m.	Y Month, Day, Ye	ar 20d. INJUI	RY OCCURRED 20e. P.	LACE OF INJURY (Home	, farm, 20f. (City	or town)	(Cou	nty)	(State
Haur o.m.	19	While at work	1401 MUHE	actory, street, office bldg	., etc.)			iiosi	
	T.A.			07 50	T 3 00	F0			
21. I certify th	attended the	deceased	fram Ootober	21, 19 20, ta	July 20	19227	Harris	SON THE	decease
KACKACACACXCXCXC	XXXXXXXXX	CXXXXXX	and that deat	h accurred at 12	100M, fram	the causes and	on the d	ate state	ed abov
	Del	21		M	ADDRESS (St	reet, city or lown, s	lote)	D	ATE SIGNE
ACTUAL	114	Tus	u	M.D. V.A. Ho		-		Md. 7	-22-
			1						
PHYSICIAN'S NAME (Type)	J. L.	GARE	7 //	Clin	ical Pat	hologist			
220. BURIAL CREMATIO	N. 22b. DATE THEREO	DE 20	C. NAME OF CEMETERY O			ION (City, town, or		/6/	tote)
REMOVAL (Specify)	7/12	10-1					_	(51	(Jie)
OR THERE STORES	1/1/20/	2/4	Unionda			tsburgh,		THE	
23. FUNERAD DIRECTOR'S		13	Havre de G		REC'D BY REGIST	150	TRAR'S SIGNA		
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4) 15M 9/SS M

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18

7848 CERT

CERTIFICATE OF DEATH

No 17846

1. PLACE OF DEATH o. COUNTY Ce	cil		MARYLAND	O STATE	RESIDENCE (WI		ed lived. If instituti b. COUNTY		before admis	sion)
b. CITY OR TOWN (If RURAL and give ned	outside corporate limi	its, write	c. LENGTH OF STAY IN 18	c. CITY	OR TOWN (If	outside corp	orota limits, write R	RURAL and gi	ve nearest tow	n)
B1k	ton		9 week	s×	Nor	th Ba	st	F	ura1	
d. NAME OF HOSPITA OR INSTITUTION	Union	give street o	ddress)	d. STRE	ET ADDRESS				ONA	SIDENCE A FARM? NO T
3. NAME OF DECEASED (Type or print)	Fii	st Lta	Middle	ie Cle	Lost	4. DATE OF DEATE	Mor		/	Yeor
			Virgin		yman	DEATH	9. AGE (In years	July 8		19 59
f emale	white	WIDOWE		Nov	. 19, 1		50 yrs.	Months C	Days Hours	Min.
100. USUAL OCCUPATION	N (Give kind of work ng life, even if retired	done 10b. I	(IND OF BUSINESS OR INC	OUSTRY 11. BIRT	THPLACE (Stote	or foreign	country)	12. CITIZ	EN OF WHAT	COUNTRY
housewi	A		-		Virgin	ia			USA	
13. FATHER'S NAME				14. MOTH	ER'S MAIDEN	NAME				
Henry	Boggs				Le	ah Hu	bbard			
15. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17	INFORMANT			Add	ress		
no	r yes, gave wor or some or t		5-24-0812	Stan	ley Sla	yman	North Ba	st. Ma	ryland	
PART I. DEAT	H WAS CAUSED BY:)	o for (o), (b), and (c).]	Ulmon	ale				INTERVAL BI ONSET AND	
Conditions, if on gove rise to im	mediote (A	Vergic Brow	. Rial	Asth	ma_	-		10 yr	1 +
couse (a), stating the lying couse lost.	he under-			-						
PART II. OTHE			ONTRIBUTING TO DEATH B	UT NOT RELATED	D TO THE TERM	INAL DISEA	SE CONDITION GIV	VEN IN PART	1(o) 19. WAS PERFC YES	DRMED?
(IF EITHER, NOTIFY A	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCUR	RED. (Enter notu	re of injury in	Port I or Po	rt II of item 18.)			
20c. TIME OF INJURY Hour o. m.	Month, Doy, Ye	While	_ Not while	PLACE OF INJU	RY (Home, form	20f. (Ci	y or lown)	(Co	unty)	(Stote)
	19	of work	ot work	-			Company of the Compan	-		-
21. I certify the	at I attended the	-	d from 10 Ha	y, 19_3	59, 10	87	uly , 195	2,that I la	ast saw the	deceased
	at I attended the	-	d from 10 Ha	y, 19_3	59, 10 01/2:30/	8 7 P. M. fro	my the causes	and an the	e date state	ed above
	and the same of	-	d from 10 Ha	y, 19_3	59, 10 01/2:30/	8 7 M, fro	my the causes of street, city or town.	and an the	e date state	ed above
alive on	and the same of	-	d from 10 Ha	y, 19_3	59, 10 01/2:30/	8 7 M, fro	m the causes	and an the	date state	ed above
ACTUAL SIGNATURE PHYSICIAN'S	Klaus N, 226. DATE THERECO	decease , 19 3 //-	Huchar F	M.D.	59, 10 01/2:30 No- H	8 7 P.M. fro ADDRESS (TION (City, town.	or county)	8 July	ed above ATE SIGNED 59
actual signature Physician's NAME (Type) 220. BURIAL, CREMATION REMOVAL (Specify)	Black Klaus N, 226. DATE THEREC	decease , 19 3 //-	Huchur Horace Paker	M.D.	59, 10 01/2:30 North	8 7 P.M. fro ADDRESS (L. E. 22d. toc.) Pour	my the causes of Street, city or town. ATION (City, town, and , Wise	or county)	F Joly (Story, Virg	ed above ATE SIGNED 59
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION	Klaus Klaus N, 226. DATE THEREO 7-11-1	19 3 14.	Huchar F	M.D	59, 10 01/2:30 North	8 7 P.M. fro ADDRESS (mythe causes of Street, city or town, and wise strange 24b. REGI	or county)	F Joly (Story, Virg	ed above ATE SIGNED 59

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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解)	PLACE OF DEATH				'S CERTIFIC		sed lived. If instit	Reg. Dist. N		ssion)
	o. COUNTY Cecil			MARYLAN	O STATE		b. COUNT			251011)
	b. CITY OR TOWN (If and give negret town)	outside corporate limits,	write RURAL	c. LENGTH OF STAY IN 1			rporote limits, write			wn)
-	Elkton,	R.D.		4 mo	X Meado					
)X	d. NAME OF HOSPITA	L OR INSTITUTIO	N (If not in hos	pital, give street address)	d. STREET ADD				ON	A FARM?
//	3. NAME OF		First	Middle	lost South	ut Drive	Monl	h Do		NO T
	(Type or print)	tin		Jacob	Ward 3r	OF	, Mont	7 71.5	2 19	
	5. SEX		CE 7. MARRIE	ED NEVER MARRIED			9. AGE (In years lost birthday)	IF UNDER TYEA	R IF UNDE	ER 24 HRS.
	M	W	WIDOWE		3-4-1959		yrs.	Months Days	Hours	Min.
	10a. USUAL OCCUPATIO during most of working	N (Give kind of we life, even if retin	ork done 10b. K ed)	(IND OF BUSINESS OR IND	JSTRY 11. BIRTHPLACE	(State or foreign	country)	12. CITIZEN	OF WHAT	COUNTRY
-	Tnfant 13. FATHER'S NAME				Wilmin	gton, De	1.			
-					14. MOTHER'S MAI					
-	Austin Jac 15. WAS DECEASED EVE	R IN U. S. ARMED	FORCES? 16.	SOCIAL SECURITY NO. 17	Shirley	E.N.Hal	Address			
	[Yes, no, or unknown]	If yes, give war or dak	es of service)		Ja cob Aust	in Wand		lowveiw	Ellet a	. M
-	18. CAUSE OF DEAT	H [Enter only one	cause per line		A COU AUSU	LIL HALVI	CIAL MESI		ERVAL BETWEE	
	PART I. DEATI	WILL CAUSED D	w.					ON	SET AND DEA	ATH
				Smothamod						
		MMEDIATE CAUSE DUE	(o)	Smothered						
1	9240 Conditions, if on	MMEDIATE CAUSE DUE y, which)	(o)	Smothered						
✓	9240 Conditions, if on gave rise to immedi (o), stoting the u	MMEDIATE CAUSE DUE y, which ole cause	(b)	Smothered						
✓	9240 Conditions, if on gave rise to immedi (o), stoting the u couse tost.	MMEDIATE CAUSE DUE y, which ole cause anderlying	(b) TO TO							
√ 0	9240 Conditions, if on gave rise to immedi (o), stoting the u couse tost.	MMEDIATE CAUSE DUE y, which ole cause anderlying	(b) TO TO	Smothered.	T NOT RELATED TO THE	TERMINAL DISEA:	se condition gi		19. WAS A PERFOI YES	AUTOPSY RMED?
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	QQ.4. O Conditions, if on gove rise to immedi (o), stoting the u couse tost. PART II. OTHI PRIMARY For CON CAUSE OF DEATH.	DUE y, which ole couse anderlying ER SIGNIFICANT C SE WAS TRIBUTING Month, Day,	(c) TO (b) TO (c) CONDITIONS CO 20b. DESCRIBE Was: C Year 20d. I White	E HOW INJURY OCCURRED OVERED 200. F	(Enter noture of injury	in Port I or Part I in Slee a, farm. 20f. (Cit	of item 18.) y or town)		PERFO	RMED?
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2	Conditions, if on gove rise to immedi (o), stoting the v coute lost. PART II. OTHI 20g. EXTERNAL CAU PRIMARY For CON CAUSE OF DEATH. 20c. TIME OF INJUR Hour g. m. 21. I certify the death resulted ACTUAL SIGNATURE EXAMINER'S NAME (Type) 220- BURIAL CREMATION REMOVAL (Specify)	MMEDIATE CAUSE DUE y, which ole cause ole cause ER SIGNIFICANT CO SE WAS TRIBUTING Month, Day, T 3 at 1 took chair From: Natur ReC Dods 1, 22b. DATE THE	(c) TO (b) TO (c) 20b. DESCRIBE Was: C Year 20d. I 1959 at wo rge of the r al causes [E HOW INJURY OCCURRED OVERED 120e. F Not white of work 120e. F Common described of the common descr	(Enter noture of injury Ced clothes LACE OF INJURY (Homo LOCION, street, affice bid Cove, held an Au Luicide , Hom ASSISTANT I DEPUTY MEDI OR CREMATORY S CEMIET	in Port I or Part I in slee p, farm, 20f. (Cii g., etc.) topsy, I icide, U CAL EXAMINER MEDICAL EXAMINER 22d. LOCA	y or town) Lton Rain napection I and termined of the Rain I and termined of the Rain I and the	(County) Cecil Inquiry Cause	PERFOI YES DATE SE	(Stote) Md • Find tha

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7864 PLACE OF DEATH o. COUNTY Cecil b. CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town Chesaneake d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 3. NAME OF First DECEASED PAUL WASYLCZUK (Type or print) 6. COLOR OR RACE 7. MARRIED TI NEVER MARRIED T 5. SEX White Male WIDOWED T 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of warking life, even if retired) Baking ofter 13. FATHER'S NAME Peter Wasylczuk

CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND Marvland c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Chesaneake City AL STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO TO Lost 4. DATE Month Day Yeor OF DEATH July 19 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH Manths Doys Hours DIVORCED [12. CITIZEN OF WHAT COUNTRY? U.S.A. Austria 14. MOTHER'S MAIDEN NAME Marv 666-Address Lena Wasvlczuk Chesaneake INTERVAL BETWEEN PERFORMED? YES NO TO (County) (Stote) foctory, street, affice bldg., etc.) ADDRESS (Street, city or town, stote)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate DUE TO cosse (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Port II af item 18.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) 20c. TIME OF INJURY Year 20d. INJURY OCCURRED Doy, a. m. While Nat while of wark of wark p. m 21. I certify that I attended the deceased from that I last saw the deceased alive an and that death occurred at M. from the causes and an the date stated above. ACTUAL PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 220. BURIAL, CREMATION, (State) REMOVAL (Specify) St. Roses Cem. Chesapeake ADDRESS 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE JUL 1 0 '59 arthur & Krays

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